

# CITY COUNCIL

## BENEFIT SUMMARY SHEET

**COMPENSATION:** \$1,290/month

### FRINGE BENEFITS AND WELLNESS

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- **MEDICAL**  
City medical plan premium contribution up to \$703.75/month for member, plus additional contribution if enrolling eligible dependent(s)
- **DENTAL INSURANCE**  
Employer paid family coverage
- **EMPLOYEE ASSISTANCE PROGRAM (EAP)**  
Available to employees and dependents
- **VISION PLAN**  
City paid for employee only  
Dependents maybe added at additional cost
- **LIFE INSURANCE**  
City paid \$100,000 policy
- **ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**  
Covered accident/injury/loss up to \$102,000  
Work-related accident up to an additional \$50,000
- **MEDICARE COVERAGE**  
Provided for employees hired after April 1, 1986

### RETIREMENT BENEFITS

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- **RETIREMENT - PERS**  
**2.5% @ 55 OR 2.0% @ 62 up to 2.5% @ 67**  
(depending on PERS membership date and City hire date)  
  
PERS will determine Classic or New membership status; if there is a portion of Employee Contribution paid by the City, it will be reported as Special Compensation for retirement purposes only
- **RETIREE MEDICAL TRUST**  
\$50.00/pay period City contribution
- **\$457 DEFERRED COMPENSATION PLAN**  
City matches \$457 deferred compensation employee contribution up to \$100.00/month
- **RETIREMENT HEALTH SAVINGS PLAN (RHS)**  
City contributes \$100.00/month

### MISCELLANEOUS

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- **WELLNESS**  
Up to \$1,000.00/per fiscal year for costs associated with participation in a Wellness Program or a supervised health promoting activity
- **WORKERS COMPENSATION**  
City is self insured and provides coverage to member

THIS IS PROVIDED AS A SUMMARY OF BENEFITS AND DOES NOT CONFER ANY RIGHTS UPON ANY EMPLOYEE. PLEASE REFER TO THE APPROPRIATE RESOLUTION FOR A MORE DETAILED DISCUSSION OF THESE BENEFITS.